

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Meeting Notes

CLIENT:	State of Idaho	MEETING DATE:	June 6, 2013
SUBJECT:	Multi-Payer Strategies	LOCATION:	Oxford Suites, Boise, ID
ATTENDEES:	MERCER: Russ Ackerman Scott Banken Shelli Stayner Dr. Jeff Thompson STAKEHOLDERS: Dr. David Peterman, Chair Yvonne Ketchum Dave Self Randy Billings Paul Leary Kathy McGill Larry Tisdale Ty Barnett Melissa Farrar	DISTRIBUTION:	Jennifer Feliciano Russ Ackerman Scott Banken Shelli Stayner Dr. Jeff Thompson Bill Laskowski, Dr. David Peterman Yvonne Ketchum Dave Self Randy Billings Blaine Peterson Paul Leary Kathy McGill Larry Tisdale Ty Barnett Melissa Farrar

Decision Items

- The main goal of our workgroup will be to move from paying fee-for-service to paying for outcomes
- There must be consistency across payers in the process. Incentives are negotiable, but the metrics and quality measures should be the same for everyone.
- We need to integrate the billion dollars we've spent in IT infrastructure to help integrate care between the consumers, the PCPs, the specialists, the hospitals, and the health plans.
- Patient Centered Medical Home is a model we can expand on:
 - Patient Centered
 - Comprehensive team of care providers
 - Coordinated across all elements of healthcare
 - Accessible with strong communications of IT and all levels
 - Committed to quality and safety

Follow-Up Items

- From the Quality Workgroup, we'd like to see the quality metrics being reviewed and the minimum level of quality as the basis for compensation. This is to ensure consistency in the payment metrics. We'd also like the provider community to take part in defining these metrics.
- To avoid anti-trust, we need DOI legal presence in the conversation. (Requested by the insurance companies).
- The group would like to see models, in addition to CCNC, where this is underway.
- Request a focus group for hospitals and focus groups for large and small employer groups.

Notes

- Bill:
 - Don't underestimate the resources
 - Consistency across payers
 - Multi-Payer Involvement
 - More MH
 - Strong Stakeholder Involvement
 - Medical Home
 - Be Bold
 - CMS is looking for a three year strategy to move hospital to primary care.
 - 95% population spends 50%, 5% that's chronic spends 50%
- Paul: The Medicaid Program-House bill 260
 - Change the reimbursement system from volume to value base
 - Chronic Conditions – Medical Home
 - Managed care does not mean managed budget
 - What does Medical Home Mean?
 - Not all Medical home for all people
 - Just for chronic condition
 - How do we move from paying for service to paying for outcomes?
- Dr. David: Patient Centered Medical Home concept
 - PCMH costs more to operate – cautious with that premise.
 - Consistency was not there between the four major payers. THIS IS NUMBER 1.
 - Benefit design is everything. The patient responsibility piece is there but you can't charge a copayment for an ER visit to a Medicaid patient.
 - Attribution is the most difficult
- Larry:
 - Is quality different based on who pays for it?
 - Are you looking at population help or just chronic?
 - There will have to be redistribution of funds
 - Proving it costs money.
 - Insurance companies are already doing this.

- We've already put a billion dollars in IT infrastructure.
- Yvonne:
 - Risk: Payers vs. Providers
 - Are we trying to find a question or answer one?
 - Should this be about population management and disease management?
- Dave:
 - Patient home: This adds layers of administration – we've added information but not necessarily efficiency
 - If this is to duplicate the medical home concept, we should re-think it.
 - Agree about chronic population
- Shelli
 - Fee for value vs. fee for service
 - Also, not just payers vs. provider, it's also the patient.
 - Not many with PCPs
 - This also has to be about patient compliance
- Randy
 - Medical Home – St. Luke's hasn't latched on to current program fully. It will cost more to do that.
 - We all have to take on some of this financial paid together.
 - We may need clinical groups investigating more fully.
 - Chronic patients are where most costs are.
- Ty
 - We need to prove that patients are using the Machine.
 - It does cost you more money at first, but with volume, it is now cheaper.
- Russ – we need to ensure we address all three levels for consumers and payers:
 - Delivery
 - Access
 - Cost

Resulting goal: **Move to paying for Outcomes. This is a strategy, not a tactic.**

What are the metrics to measure and what is a base level of quality?

How do we integrate care between the PCPs, the specialists, the members and the payers?

Focus Group Questions

PCPs:

- What goals would you like to see achieved as measurable quality benchmarks?
- What do you see as problems with the system and what would you do to fix them?
- What statistics do you want to measure?
 - Process:
 - Outcomes:
- What Incentives/disincentives would motivate change in behavior? (Plan design).
- What is making care so difficult today?
- What can we do to make it better?
- What type of administrative simplifications could result in better outcomes?
- What payment changes would you need to get better outcomes?

Consumers:

- What incentives/disincentives would encourage compliance with prescribed programs?
- What incentives would encourage keeping appointments?
- What would you want to change with your employer sponsored program?
- What would incent you to take a health assessment survey?
- What is your biggest fear with healthcare?
- Would you be willing to share information across multiple types of payers – hospitals, physicians, insurance companies?
- What payment changes would you need to get better outcomes?

Others:

- What barriers to transforming the current process do you see?
- What goals would you like to see achieved as measurable quality benchmarks?
- What do you see as problems with the system and what would you do to fix them?
- What statistics do you want to measure?
 - Process:
 - Outcomes:
- What Incentives/disincentives would motivate change in behavior? (Plan design).
- What is making care so difficult today?
- What can we do to make it better?
- What type of administrative simplifications could result in better outcomes?
- Would you be willing to share information if authorized?
- What payment changes would you need to get better outcomes?